

A SUCCESSFUL LIFE IN THE COMMUNITY AFTER LONG-TERM INSTITUTIONALIZATION

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In this newsletter, we are honored to be able to share **Mary Salinas'** story.

In Short

Mary Salinas recently moved into her own apartment after living in institutional settings for about three and a half years. She had agreed to move into the assisted living facility following a brief hospitalization because she did not feel that she had any other options. After a few years, she applied for, and received, a public housing unit that has allowed her to regain her independence, privacy, and control over her daily life.

Life Before

Mary, now in her sixties, has received treatment for depression for most of her life. Approximately three and a half years ago, she was admitted into a psychiatric hospital for the first time. At that time in her life, Mary was essentially homeless. She had recently moved back to Colorado from Oregon and had been staying with a friend, but the arrangement did not work out. She had lost touch with most of her other local friends, and she needed a place to live that would allow her to keep her cat.

After about two weeks, a caseworker suggested that Mary move into an assisted

living facility. The caseworker made the process easy for Mary, handling the admission paperwork and arranging for Medicaid coverage, but she did not discuss any community-based alternatives. The assisted living facility was the only option that was presented to Mary. She recalls that she had been having difficulty concentrating and remembering things while she was in the hospital and generally felt “out of it.” She thought it best to follow the caseworker’s recommendation.

Mary moved into an assisted living facility located outside of town. While the staff were considerate and the food was decent, it was not where Mary would have chosen to live. This facility was rather large, with thirty-two residents, and Mary found it hard to live with so many other people. She generally got along with the other residents but preferred to stay by herself much of the time. She was glad to have her own room shared only with her cat.

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After about a year and a half, Mary moved to another assisted living facility that was located in the city. The facility's new owner told Mary that she was hoping to make a lot of money by operating the facility. The owner restricted the residents' access to food and placed chains on the refrigerator to prevent the residents from eating outside of the designated meal times. Mary was distressed when one of the other residents left the facility to return to a psychiatric institution. She was further persuaded to leave when her doctor advised her to look for another facility.

Mary decided to return to the first assisted living facility. Although it did not have the same problems as the second one, she was still uncomfortable being around so many people all of the time and organizing her life around the facility's regimented schedule. Mary began to spend less and less time at the facility as she stayed busy with group therapy, volunteering in the community, and attending church functions. She was able to get around in the community using transportation services provided through Medicaid.

What Helped Mary

Looking for a way out of the facility, Mary applied for public housing assistance. The housing authority estimated a one to two year wait, but she was pleasantly surprised when the housing authority located an available unit in an elderly low-income housing

community after only five months. She was not familiar with the neighborhood before she moved in, but she found it to be a clean and upscale area with many conveniences, like a grocery store only four blocks away from her building.

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After her time in the assisted living facilities, Mary enjoys the small pleasures of her independent life. She values the ability to have a glass of milk whenever she wants, to decide for herself what to eat for each meal, and to have dessert even if she has not cleaned her plate – all choices that she was denied in the assisted living facilities.

She also values her privacy. In the facilities, she says, she was always surrounded by other people. When she went outside, she had to sit with all of the other residents. Even inside her private room, she was constantly aware of the presence of the other residents and staff all around her. She always asked guests to take her out when they visited, rather than staying in her room. Now, she says, she has “all the privacy in the world.” She feels comfortable inviting friends over to her apartment, and she can sit outside by herself in the garden.

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During her first two years in the assisted living facilities, Mary had returned to the hospital five times. She has not been hospitalized in the past year and aims to avoid any further hospitalizations now that she is on her own. She continues to see her therapist, who strongly supports Mary's desire to stay in the community. She also attends peer-run group therapy meetings, and she appreciates knowing that the peers watch over her; for example, if she misses a meeting, a peer will call or stop by her apartment to make sure she's okay.

Mary's Life Today

Recently, Mary's arthritis has worsened, making it more difficult for her to get around. An aide now comes to her apartment to help with groceries and laundry. Mary still decides what the aide should buy, and she says it's always "kind of fun" to look over the aide's purchases.

Mary has declined additional home health services that have been offered, preferring to cook and clean for herself as long as she is able. She says she wouldn't feel comfortable sitting "like a queen" as she watched other people clean her home; she grew up taking care of herself and working hard, so she insists on doing what she can around the apartment.

Other natural supports in the community have also been important to Mary, including her minister, who has offered to bring her to discussion groups at the church. She volunteers at a day center where people experiencing homelessness can come to take a shower, do laundry, and collect mail. She

decided to pursue this type of volunteer work because of her own experiences with homelessness. Mary's job at the center is to hand out the mail, so she's been able to continue her work even as her arthritis has worsened.

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Mary still experiences depression, as she has throughout her adult life. At times, the pressures of daily life – replenishing household supplies, figuring out how to fix a broken watch – weigh upon her. Nevertheless, it feels "normal" and "natural" to take care of herself once again. She is proud of her independence, and she finds it helpful to stay busy and to stay in touch with others who have had similar experiences. Between group therapy, volunteering, and church, she is always able to meet these needs in the community.